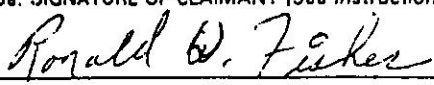


# EXHIBIT 1

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		<b>FORM APPROVED</b> OMB NO. 1105-0008	
Submit To Appropriate Federal Agency:  Oglala Sioux Tribe Department of Public Safety Att: Acting Director P.O. Box 300 Pine Ridge, SD 57770			2. Name, Address of claimant and claimant's personal representative, if any. <i>(See instructions on reverse.) (Number, street, city, State and Zip Code)</i>  Ronald Fisher P.O. Box 365 Kyle, SD 57752		
3. TYPE OF EMPLOYMENT	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT	7. TIME (A.M. or P.M.)	
<input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		Single	01/21/2011	12:18 P.M.	
8. Basis of Claim <i>(State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)</i>					
Please see attached statement					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT <i>(Number, street, city, State, and Zip Code)</i>					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. <i>(See instructions on reverse side.)</i>					
2001 Chevrolet K2500 Silverado pickup truck, total loss.					
10. <b>PERSONAL INJURY/WRONG DOCTORS DEATH</b>					
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.					
Please see attached statement.					
11. <b>WITNESSES</b>					
NAME		ADDRESS <i>(Number, street, city, State, and Zip Code)</i>			
Ronald Fisher C.F. Officer Tyler Alan Little Finger, OST Police Ryan Tennyson, S.D. Highway Patrol		P.O. Box 365, Kyle, SD 57752 P.O. Box 365, Kyle, SD 57752 P.O. Box 47, Oglala, SD 57764 1301 E. Catron Boulevard, rapid City, SD 57701			
12. <i>(See instructions on reverse)</i> <b>AMOUNT OF CLAIM</b>					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. DEATH	12d. TOTAL <i>(Failure to specify may cause forfeiture of your rights.)</i>		
8,649.00	500,000.00		508,649.00		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND LOSSES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT <i>(See instructions on reverse side.)</i>			13b. Phone number of signatory		14. DATE OF CLAIM
			605-454-5435		10/16/13
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. <i>(See 31 U.S.C. 3729.)</i>			More than \$10,000 or imprisonment for not more than 5 years <i>(See 18 U.S.C. 287, 1001.)</i>		

## PRIVACY ACT

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552(a)(3), and concerns the information requested in the letter to which this Notice is attached.

A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 38 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R.

## INSTRUCTIONS

Complete all items - insert the where applicable

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF

Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in Item #1 on the reverse side. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplemental regulations also. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in Item 12 of this form.

The amount claimed should be substantiated by competent evidence as follows:  
(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington, DC 20530.

Director, Tort Branch  
Civil Division  
U.S. Department of Justice  
Washington, DC 20530

## INSURANCE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide

15. Do you carry accident insurance? ☒ Yes. If yes, give name and address of

Columbia Insurance Group  
10820 Harney Street  
Omaha, NE 68154

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full? Yes, full coverage with property damage deductible

18. If claim has been filed with your carrier, what action has your insurer taken or proposed? Property damage paid, minus my \$500 collision deductible. They also

19. Do you carry public liability and property damage insurance? ☐ Yes. If yes, give name

and Purpose: The information requested is to be used in evaluating claims. Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

Failure to Respond: Disclosure is voluntary. However, failure to supply requested information or to execute the form may render your claim

where applicable

PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM

Forms for damage to property which has been or can be damaged, the claimant should submit at least two itemized signed receipts by reliable, disinterested concerns, or, if payment has been made, receipts evidencing payment.

Forms for damage to property which is not economically replaced, if the property is lost or destroyed, the claimant should submit a statement of the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be signed by competent persons, preferably reputable dealers or officials. If the property is damaged, or by two or more competitive bidders, the claimant should state that the claim is being just and correct.

Failure to execute this form or to supply the requested material within the date the allegations accrued may render your claim invalid when it is received by the appropriate agency.

Failure to state a sum certain will result in invalid presentation of your claim and may result in loss of your rights.

Save the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or

Budget  
Fiscal Year 1105-0008

17. If deductible, state amount

17. If deductible, state amount

500.00

18. If claim has been filed with your carrier, what action has your insurer taken or proposed? Property damage paid, minus my \$500 collision deductible. They also

(Number, street, city, State, and Zip Code) ☒ No



8. On January 21, 2012, Ron Fisher and C F were traveling west on state Highway 40 within Custer County, South Dakota. At the same time, Officer Tyler Little Finger was attempting to turn around on a field approach, off the state highway, when he failed to yield to the Fisher's vehicle. Officer Little Finger struck the Fisher's truck on the right side, and caused the truck to spin around and come to rest facing east bound on the roadway. Both vehicles received disabling damage as a result of the accident, and both had to be towed.

10. Following the accident, Ron was taken to the Pine Ridge IHS emergency room. Ron stated he was a restrained driver involved in a motor vehicle crash, and that he was driving close to the speed limit upon impact. As a result of the accident Ron Fisher experienced neck and back pain. Ron returned to Pine Ridge IHS on January 23, 2012, for x-rays. An x-ray of his shoulder showed increasing acromioclavicular separation, along with mild glenohumeral degenerative joint disease.

On January 25, 2012, Ron presented to Rapid City Regional Hospital due to continuing pain. He was having numbness in his left arm and pain and numbness in his left hand. His neck had been feeling stiff since the time of the accident. He initially had no numbness, but quickly developed left arm paresthesias. His neck pain was mild, yet constant. The emergency room doctor felt he had neuropraxia that was likely from a stretch injury in the accident. Ron returned to Rapid City Regional Hospital on January 31, 2012, due to continuing numbness in his left hand, and the arm was constantly cold. The emergency room doctor felt that an MRI would be beneficial in diagnosing Ron's symptoms.

Ron went to Horizon Health Care on February 8, 2012, with continuing symptoms. He was having left shoulder pain and continued to have some numbness in his left arm and hand. Ron was diagnosed with a sprained ulnohumeral joint of the left elbow, and an MRI was ordered for further examination. The MRI was performed at Dakota Radiology on February 13<sup>th</sup>, and showed a partial tear of the anterior mid-supraspinatus tendon involving the bursal surface of the tendon. It also showed some degenerative changes at the glenohumeral and acromioclavicular joints.

Ron followed up the MRI with a visit to Black Hills Orthopedic & Spine on March 8, 2012. He had been having left arm pain since the time of the accident, along with shoulder discomfort. The arm still felt cold and numb and, at times, would have a "pins and needles" sensation. He also continued to experience neck pain. The pain was worse at nighttime, and was not necessarily exacerbated by his activities. Ron has a left shoulder partial thickness rotator cuff tear. He was referred for an EMG and a cervical MRI. The doctor felt some of the shoulder symptoms may be coming from the rotator cuff. The paresthesias needed to be investigated further for possible cervical spine issues.

Later that day, Ron had the cervical MRI at Black Hills Surgical Hospital. The MRI showed central and rightward soft disc herniation at C4-5, along with degenerative changes resulting in mass effect on the ventricle cord and moderate to severe central canal stenosis as well as severe right greater than left neural foraminal stenosis. Ron did have significant stenosis in the cervical canal. He returned to Black Hills Orthopedic & Spine on March 14, 2012, for follow-up with Dr. Schleusener. The neck pain was getting worse, and the pain in his left arm continued. The MRI shows a large extruded disk herniation at C4-5, but no instability. The doctor felt it was more than likely this was causing his arm problems and certainly his neck pain, because it was a significant disk herniation. It was an acute injury and most certainly is related to his recent injury. It was recommended that Ron have an anterior cervical discectomy interbody fusion with allograft, internal fixation. An EMG was also ordered, and performed on March 19<sup>th</sup> at The Rehab Doctors and was normal.

On April 2, 2012, Ron called Black Hills Orthopedic & Spine to cancel his scheduled surgery. He was having issues with his health insurance at that time and had to wait until they approved the surgery.

Ron went to Pine Ridge IHS on July 6, 2012, for a referral to contract health for physical therapy. He had a neck injury with occasional radiation of pain in the arms with paresthesias. IHS did not make the referral at that time. He was seen again on July 9<sup>th</sup> for a referral to physical therapy. He was told to do at least two sessions of physical therapy prior to having cervical facet injections. His provider wanted him to have a cervical collar, and the IHS doctor informed Ron a c-collar is not the way to treat his problem and would actually make it worse in the long run, causing more muscle weakness.

On November 6, 2012, Ron returned to Pine Ridge IHS for evaluation and management of his neck pain. He began having numbness and tingling into the upper extremities after the accident on January 21, 2012. Ron was having significant problems with neck pain, numbness and tingling into his left hand, and muscle tightness and spasm. He had been repeatedly denied by IHS to have further evaluation and treatment. Ron was once again requesting a referral for an MRI and to Black Hills Neurosurgery and Spine, which was granted.

Ron was seen at Black Hills Neurosurgery & Spine on November 27, 2012, for pain in his lower neck. He was still having numbness and cold sensations in his left arm, and his neck was stiff and tight. He had also began having numbness in his right hand that comes and goes. The neck pain was a constant, dull ache along with constant numbness in the left arm from the medial aspect of the upper arm down along his forearm into the last three fingers of the left hand. He also began having a disruption of sleep from the pain. Ron was a self-employed ranch hand prior to the accident, and currently is on disability and unable to work due to his injury. An EKG was planned and surgery schedule.

On November 30, 2012, Ron was admitted to Black Hills Surgical Hospital for a cervical fusion of the C4-C5 area. After surgery Ron was discharged home on December 1, 2012, in stable condition. His arm pain was gone and his hand numbness had improved. Ron then began physical therapy at Gordon Memorial Hospital on December 10, 2012. He had decreased range of motion following cervical surgery. Ron reported that everything was going well for him after surgery and his pain has been managed by his medications. He is a rancher and is unable to perform his duties at this time because of the lifting restrictions. Ron continued his physical therapy through February 2013, and he slowly improved.

Ron was seen for a follow-up at Black Hills Neurosurgery & Spine on January 3, 2013. He reported he was doing fairly well after his cervical fusion. His arm symptoms had completely resolved. He continued to have some discomfort along the back of his neck and felt physical therapy was benefiting him. He was cleared to lift 20 pounds, but was not cleared to go back to work. On March 5, 2013, Ron was seen again and was feeling well overall. Ron had a gradual increase in his activity. Dr. Watt encouraged him to use prudence when working, and would follow-up with him again at the end of the summer.